

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024909

FILED VS JUN 27 1960

318

1003

5702

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If outside, give location)			
a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If outside, give location)			
a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If outside, give location)			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last LULA MAE ROBINSON				<b>4. DATE OF DEATH</b> Month Day Year MAY 31 1960			
<b>5. SEX</b> FEMALE		<b>6. COLOR OR RACE</b> NEGRO		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> OCT 2 1919	
<b>9. AGE</b> (last birthday) 40		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) DOMESTIC		<b>11. KIND OF BUSINESS OR INDUSTRY</b> HOUSE WORK		<b>12. BIRTHPLACE</b> (City and state or country) LIVINGSTON ALABAMA	
<b>13. FATHER'S NAME</b> JACK BELLE		<b>14. MOTHER'S MAIDEN NAME</b> NAOMI BROWN		<b>15. NAME OF HUSBAND OR WIFE</b> GAVESTER ROBINSON		<b>16. CITIZEN OF WHAT COUNTRY</b> U.S.A.	
<b>17. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) NO		<b>18. SOCIAL SECURITY NO.</b> UNKNOWN		<b>19. INFORMANT</b> Gavester Robinson		<b>20. ADDRESS</b> 5108 <sup>th</sup> Page Blvd	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Edema of Brain</u> DUE TO (b) <u>Acute Alcoholism</u> DUE TO (c) <u>322.2</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>527 A</u> <b>to</b> <u>her</u> <b>and last saw him alive on</b> <u>June 13 00</u> <b>at</b> <u>Clare</u> Death occurred at <u>527 A</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> (Degree or title) J. M. Smith				<b>22b. ADDRESS</b> 1300 Clare		<b>22c. DATE SIGNED</b> 6-36	
<b>23. BURIAL, CREMATION, OR REMOVAL</b> (Specify) Burial		<b>23a. DATE</b> June 6, 1960		<b>23b. NAME OF CEMETERY OR CREMATOR</b> Jeff Bks Nat Cemetery		<b>23c. LOCATION</b> (City, town, or county) (State) Jeff Bks MO	
<b>24. FUNERAL DIRECTOR</b> J. M. Smith		<b>24a. ADDRESS</b> 1716 E. Hickman		<b>25. DATE RECD. BY LOCAL REG.</b> JUN 2 1960		<b>26. REGISTRAR'S SIGNATURE</b> Carl Smith. M.D.	

(Licensed Embelmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.  
Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 434

P. O. Address 1396 Elder  
Hebert Hoover Dr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.